

Supplemental Application Instructions for Health Care Profession License for Spouses or Registered Domestic Partners of Military Personnel Transferring to the State of Washington

To Applicant:

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive a professional license more quickly.

Please submit the following documents if you are the spouse or state-registered domestic partner of a member of any branch of the U.S. Military, and you are applying for a health care professional credential in the State of Washington as a result of your spouse or state registered domestic partner being the subject of a military transfer to Washington State:

- A completed U.S. Military Spouse, or State Registered Domestic Partner supplemental application form.
- A copy of your spouse's or registered domestic partner's military transfer order to Washington State.
- One of the following:
 - A copy of your marriage certificate to show proof of marriage to a member of the U.S. military; or
 - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

Temporary Permit

You may be eligible for a temporary permit if you hold an active license, certification, or registration in another state in which the standards are substantially equivalent to Washington State. There is no additional fee.

For more information go to our [Military Resources Webpage](#).



Department of Health
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

Supplemental Application for Health Care Profession License for Spouses or Registered Domestic Partners of Military Personnel Transferring to the State of Washington

Applying for Health Care Credential Type		
Profession Name:		
Name:	Last	First Middle
Mailing Address		
City	State	Zip Code
Any other names used:		
Name of your spouse or registered domestic partner who is an active military member. Name:		
Are you requesting a temporary permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Declaration: Have you requested verification from the other state or states that you are currently licensed, certified, registered, or have a permit in the health care profession you are applying for in Washington State?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dated _____ at _____ (mm/dd/yyyy) (City/state)		
By: _____ (Signature of applicant)		